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A CASE OF CARCINOMA OF THE BREAST, VS. ERY-SIPELAS AND ARSENIC.

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THIS interesting case, occurring in my own practice, I relate on account of its rarity and suggestiveness.

On July 23d, 1886, I was consulted by Mrs. E. M. H—, a widow, æt. eighty-one, about a lump she had noticed for an indefinite time in the left mamma. Occasionally she had suffered some pain, at infrequent intervals, but latterly the pain recurred oftener and was more persistent. Except the lump and pains, and a vertigo, experienced most after first lying down, and when rising from a sitting posture, or when turning the head suddenly, her health was good, and she was a woman who had reared a family, had been very active, and scarcely ever employed a physician.

An examination of the breast revealed a somewhat flattened tumor almost centrally located, about the size of a hen's egg, hard and inelastic, and presenting irregularities. The tumor was adherent to the skin, there was a slight dimpling, and fixation of the nipple, which I could not draw forward. I could not detect any glandular involvement in the adjacent lymphatics, and despite her age, because her health was good, I advised the extirpation of the growth. The patient and her family objected to any operative measures, and I was asked to treat the case purely medicinally. I therefore prescribed *Conium 1x*, a drop mixed in twelve teaspoonfuls of water, and given in two teaspoonful doses every three hours for one week. Improvement in the vertigo was soon manifest and the mammary pains were less severe at the end of a week. I then stopped medication, but repeated my prescription of *Conium 1x*, on August 4th and 17th, 1886, and on January 1st and May 27th, 1887, always with the relief of the pains and the vertigo. The tumor, however, continued to grow. Retraction of the nipple ensued, the adhesion to the skin became more marked, and the vascular channels were occluded, as indicated by discoloration of the skin and enlarged veins. On July 23d, 1887, an examination showed a still greater area of infiltration, with involvement of the axillary glands, and in the neighborhood of the original growth small but firm indurations were felt and seen. The neoplasm was now easily recognized as a large projecting tuber elevating the skin. At this time she

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suffered from intense pains, shooting and lancinating in character, going and coming quite unexpectedly, and robbing her of rest and sleep. *Belladonna* 1, in drop doses, on sugar of milk, was then administered, and I had the satisfaction of again witnessing relief. From this time until October 15th, 1887, she required no other medicine, at least I gave her none, although ulceration of the skin had taken place, and the fissure had gradually widened and deepened, until a shallow excavation, with indurated edges and a ragged base, was anything but a sightly object. As she had suffered little pain, lost little sleep, and was fairly active for so old a woman, I preferred to resort to earth dressings to absorb the thin, ichorous and offensive discharge from the ulcer, and to keep up her strength as well as possible by systematic and careful feeding. A few doses of *Lachesis* 30 were given on October 15th, because latterly when she experienced pain it was always after sleep. The patient, however, grew more and more feeble, lost appetite, was compelled to seek her bed, from which it was supposed she would never arise, and towards the latter part of November, 1887, general infection was pronounced; there were present all the phenomena of a cancer cachexia. This state continued until December 19th, 1887, when I was summoned to witness the patient extremely restless, complaining of chilliness and much fever, frequently demanding water, of which she would only take a sip or two, and complaining of most severe burning pain in her breast, the worst she had ever experienced. The symptoms had set in after midnight and continued to grow in severity, attended by delirium, until 8 A. M., when I reached her bedside. An examination of the breast at this time revealed a complete dryness of the ulcerated excavation, and a distinct line of redness extending outward from the edge of the ulcer about an inch, with a sharp outer border. Not only was the axilla filled with enlarged and indurated lymphatics at this time, but the supraclavicular glands were prominent in the now emaciated patient. The tongue was dry and the pulse accelerated, the temperature variable, and the patient's face expressing great anxiety. I could do no better than prescribe *Arsenicum* 3x trit., of which she received one grain every two hours. If there was any question of diagnosis as to the sudden inflammatory symptoms on the morning of December 19th, there was none on the following day, for the inflammation of the skin had spread rapidly, extending upwards to the neck and downward to near the crest of the ilium. The inflamed portion of the skin was somewhat raised, with a sharply defined irregular border, intensely red, hard to the touch, but pitting slightly on pressure from displacement of serous infiltration beneath. It was undoubtedly erysipelas. Under the *Arsenicum* the febrile symptoms abated, the severe burning became less, sleep was induced, and while the thirst lessened, the appetite, which had entirely disappeared, improved. I next noticed a rapid disappearance of the en-

larged lymphatics of the supraclavicular and axillary regions, and within ten days they were scarcely perceptible. Then the cancerous mass itself began to grow smaller; the ulcerated excavation became more and more dry and less offensive, and on January 22d, 1888, nothing remained of the neoplasm but a puckered cicatrix, about two inches long and one-half inch wide. In the meantime the general health improved marvelously, too; the appetite became excellent, food was readily digested and assimilated, she fleshed up, slept well, and suffered very little discomfort in any way. Indeed, so thoroughly restored was she, that, despite a fracture of the left humerus, induced by a fall while getting out of bed on the morning of April 5th, 1888, repair, under surgical treatment, was rapid, and on April 29th it was possible to remove all dressings and to begin motion at the shoulder and elbow joints. At the present time she has complete use of the arm, is in good flesh, goes about the house as freely as her impaired vision from senile cataract will permit, and for one in her eighty-fourth year is in a fairly good condition.

There are some interesting points about the case I will summarize:

1st. The unusual age of the patient when the growth was first noticed.

2d. The relief of pain and other subjective symptoms by the selected remedies, viz., *Conium*, *Belladonna* and *Lachesis*.

3d. The rapid disappearance of all the signs of a malignant growth (except the cicatrix) and the attendant cachexia, on the supervention of erysipelas.

4th. The marked amelioration of the symptoms of the erysipelas from the *Arsenicum*.

5th. The rapid repair of a fractured arm, occurring so late in life and so soon after the disappearance of the neoplasm.

I am not quite satisfied that the erysipelas alone cured the cancer; the *Arsenicum* may have had something to do with the result. That the disease was a carcinoma I have not the least doubt, although I must admit that no microscopic examination of the tissues had been made at any time; but the history of the growth and the macroscopic appearances were so marked in favor of carcinoma, that I deemed the microscopic test unnecessary; and with my diagnosis two experts agreed. Will there be a recurrence? Time alone will tell, and I shall watch the case with interest. And now for an important question: In the light of this case, would one be justified in inoculating a patient suffering from cancer, where operative measures were contraindicated, with the virus of erysipelas, to bring about a possible obliteration of the neoplasm?

POSTSCRIPT—This patient died of senile bronchitis on December 4th, 1888, without showing any evidence of a recurrence of cancer. An autopsy was not permitted.

